

**THIS FORM IS NOT TO BE USED FOR FOREIGN NATIONAL VISITS**

**Naval Air Depot Jacksonville Florida**

**Visit and Access Request**

**NOTE: Incomplete requests cannot be accepted or processed.**

**PRIVACY ACT ADVISEMENT**

**AUTHORITY:** 5 U.S.C. 522a, Privacy Act of 1974. **PRINCIPLE PURPOSE:** to readily identify all personnel who are allowed to access Naval Air Station Jacksonville and the Naval Air Depot Jacksonville in the furtherance of the Depot Mission; and to comply, verify and update the Depot authorized visitor list in support of administrative and security measures. Disclosure is **VOLUNTARY**. Furnishing personal information on this form including your social security number is totally voluntary, but failure to do so may result in disapproval of NAS Jacksonville and Naval Air Depot entry.

**Please allow at least five working days for processing!!**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company Name: \_\_\_\_\_ Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: ☐ USA ☐ Other \_\_\_\_\_

Visit Start Date: \_\_\_\_\_ Visit End Date: \_\_\_\_\_ Visit Location: ☐ JAX ☐ CECIL

**Vehicle Information:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Licensing State: \_\_\_\_\_ (Forward rental information when available to 542-2805)

Security Clearance Level: \_\_\_\_\_ Agency: \_\_\_\_\_ Date of Clearance: \_\_\_\_\_

Level of Access Required: ☐ Secret ☐ Confidential ☐ Unclassified

NAVAIRDEPOT Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Shop Code: \_\_\_\_\_

Nature of Visit: \_\_\_\_\_ Contract Number: \_\_\_\_\_

**Visitors MAY NOT submit, fax or e-mail their own Visit Request**

**VISIT CERTIFICATION**

**A competent Company Official will certify their employee's identity for a visit to NAVAIRDEPOTJAX.**

**Individuals will not certify themselves; self-certifications WILL NOT be accepted!!!**

A Company Official will verify the visit request and certify the clearance and access information is true and correct, including US Citizenship, and that contact has been made with the NAVAIRDEPOTJAX point of contact, relative to this specific visit. Individuals will not certify themselves. The certifying Company Official will be the Security Officer or a VP or above within the visitor's company.

**An individual from the visitor's company, other than the visiting person, must certify all visit requests.**

Name of Certifying Official: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Rank/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Remarks:**

NAVAIRDEPOTJAX Fax Number: (904) 542-0887, Voice Number (904) 542-2805, DSN Prefix 942

NAVAIRDEPOTJAX Cecil Commerce Center Voice Number: (904) 317-1542

**E-mail requests to: JAXS\_Security@navy.mil**